EXHIBIT 3

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

 Complete all entries in accordance with the instructions to the Form 5500. OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

			Inspection		
Part I Annual Report Ident	ification Information				
For calendar plan year 2010 or fiscal pl	an year beginning 01/01/2010	and ending 12/31/2	2010		
A This return/report is for:	a multiemployer plan;	a multiple-employer plan; or			
	a single-employer plan;	a DFE (specify)			
B This return/report is:	the first return report;	the final return/report;			
	X an amended return/report;	a short plan year return/report (less ti	nan 12 months).		
C If the plan is a collectively-bargained	d plan, check here	· · · · · · · · · · · · · · · · · · ·			
D Check box if filing under:	Form 5558;	automatic extension;	the DFVC program;		
	special extension (enter descript	ion)			
Part II Basic Plan Inform	ation—enter all requested information				
1a Name of plan M&T BANK CORPORATION RETIREM			1b Three-digit plan number (PN) ▶		
			1c Effective date of plan 04/01/1986		
2a Plan sponsor's name and address (Address should include room or su)	2b Employer Identification Number (EIN)		
MANUFACTURERS AND TRADERS T	RUST CO.		16-0538020		
			2c Sponsor's telephone number 716-842-4456		
ONE M AND T PLAZA, 11TH FLOOR BUFFALO, NY 14203-2301	2d Business code (see instructions) 525920				
Caution: A populty for the late or inc	amplete filing of this return/report wi	Il he accessed unless reasonable cause i	s actablished		

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2011	ANN MARIE ODROBINA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/29/2011	ANN MARIE ODROBINA

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010) v.092307.1

Case 1:16-cv-00375-FPG-JJM Document 95-3 Filed 03/25/19 Page 3 of 4

	Form 5500 (2010)	Page	2			
	Plan administrator's name and address (if same as plan sponsor, enter "Same") ### ### ### ### ### ### ### ### ### #			3b Administrator's EIN 16-0538020		
	ONE M AND T PLAZA, 11TH FLOOR BUFFALO, NY 14203-2301			3c Administrator's telephone number 716-842-4456		
4	If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report:	n/report filed for th	nis plan, enter the name, EIN	and	4b EIN	
а	Sponsor's name				4c PN	
5	Total number of participants at the beginning of the plan year			5	18351	
6	Number of participants as of the end of the plan year (welfare plans complete	e only lines 6a, 6	b, 6c, and 6d).			
а	Active participants			. 6a	13240	
b	Retired or separated participants receiving benefits			6b	6	
С	Other retired or separated participants entitled to future benefits			6c	4131	
d	Subtotal. Add lines 6a, 6b, and 6c			. 6d	17377	
е	Deceased participants whose beneficiaries are receiving or are entitled to re-	ceive benefits		6e	21	
f	Total. Add lines 6d and 6e.			6f	17398	
g	Number of participants with account balances as of the end of the plan year complete this item)			6g	15579	
h	Number of participants that terminated employment during the plan year with less than 100% vested			6h	807	
7	Enter the total number of employers obligated to contribute to the plan (only			7		
	If the plan provides pension benefits, enter the applicable pension feature co 2E 2G 2I 2J 2K 2O 3H The plan provides welfare benefits, enter the applicable welfare feature codes					
9a	Plan funding arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contrads (3) Trust (4) General assets of the sponsor	9b Plan bene (1) (2) (3) (4)	fit arrangement (check all that Insurance Code section 412(e)(3) it Trust General assets of the sp	insurand		
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	attached, and, wh	ere indicated, enter the numb	per attac	ched. (See instructions)	
а	Pension Schedules (1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	b General S (1) (2) (3)	H (Financial Inform I (Financial Inform A (Insurance Inform C (Service Provide	nation – mation)		
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(4) (5)	D (DFE/Participation			

M&T BANK CORPORATION RETIREMENT SAVINGS PLAN Notes to Financial Statements, continued

3. Fair value measurements, continued

The valuation methodologies described in note 2 under the caption "Investment valuation and income recognition" may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Administrative Committee believes the Plan's valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the end of the Plan year.

The following tables present the Plan's investments measured at estimated fair value on a recurring basis:

		At	December	31,	2010	
		Level 1	Level		Level 3	Total
M&T Bank Corporation		Department of the control of the con				
common stock	\$	275,917,075		-	-	275,917,075
Mutual funds						
Large Cap		182,973,768		-	-	182,973,768
Mid Cap		82,489,329		-	-	82,489,329
Small Cap		72,841,496		-		72,841,496
International		84,753,986		-	-	84,753,986
Asset allocation		239,283,042		-	-	239, 283, 042
Corporate bonds		57,999,819		-		57,999,819
Government bonds		32,029,584		-	-	32,029,584
Money market	7.	84,394,849	2011	-		84,394,849
		836,765,873		-	_	836,765,873
Total investments	1.7	- bateloon purus, commen				St. 1969St. Ottown
measured at fair value	\$1	,112,682,948	-	_		1,112,682,948

	Level 1	December 31, Level 2	, 2009 Level 3	Total
Wam n 1 c	Tever I	Tever 7	Tevel 2	TOTAL
M&T Bank Corporation	The State of the S			
common stock	\$213,859,293	***		213,859,293
Mutual funds				
Large Cap	154,808,957	-	-	154,808,957
Mid Cap	63, 213, 962	33 355	-	63,213,962
Small Cap	56, 186, 326	-		56, 186, 326
International	74,260,537	100	-	74,260,537
Asset allocation	199,045,216	_		199,045,216
Corporate bonds	46,009,895		-	46,009,895
Government bonds	29,026,477	-	-	29,026,477
Money market	85,694,352	-	_	85,694,352
_	708,245,722		_	708, 245, 722
Common trust fund				
stable value	773,190	6,081,967	48,324	6,903,481
Total investments				
measured at fair value	\$922,878,205	6,081,967	48,324	929,008,496
	P	hand the same of t		

There were no transfers between levels of the fair value hierarchy during 2010 or 2009. The changes in Level 3 investments measured at estimated fair value on a recurring basis during the Plan year ended December 31, 2010 were as follows:

Balance - January 1, 2010 \$ 48,324 Common trust fund transfers, sales and purchases, net (48,324) Balance - December 31, 2010 \$ -